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FM BUMED WASHINGTON DC//00//  
SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (93-42)//  
POC/CAPT PERRY BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)  
653-1315/TEL:DSN 294-1315/-//

RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, DEPENDENTS, AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. RESPECTFULLY REQUEST FLEET COMMANDERS READD TO SHIPS AND OTHER SUBORDINATES WITH MEDICAL PERSONNEL, AS OPERATIONAL CONDITIONS PERMIT.

3. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(930409)-January 1993 CHAMPUS Claims Coming Due Soon  
(930410)-Navy Nurse of the Year Selected  
(930411)-Guantanamo Sailor Performs Field Medicine for Marines  
(930412)-Navy EMS Participates in Alcohol Awareness Week  
(930413)-Navy Medical Department People in Special Operations  
(930414)-HEALTHWATCH: Low-Calorie Diets Have High Costs  
(930415)-HIV and You!  
(930416)-Financial and Material Management Course (para 5)  
(930417)-Para 4. Ribbon Cuttings for New Facilities:

HEADLINE: January 1993 CHAMPUS Claims Coming Due Soon  
BUMED Washington (NSMN) -- If you received care in January 1993 for which you intend to file a CHAMPUS claim, you're running out of time. Contrary to earlier reports that the new CHAMPUS claim-filing policy begins with care received 1 January 1994, the Federal Register of 1 October 1993 set the law: "For all services provided on or after January 1, 1993, to be considered for benefits, all claims submitted for benefits must ... be filed with the appropriate CHAMPUS contractor no later than one year after the services are provided. Unless the requirement is waived, failure to file a claim within this deadline waives all rights to benefits for such services or supplies."

So, for outpatient care received 1 January 1993, your claim to CHAMPUS must be postmarked no later than 1 January 1994. For services received from inpatient facilities, the claim must be postmarked no later than one year after the date of discharge -- if you were discharged 1 January 1993, all claims related to your hospital stay must be postmarked no later than 1 January 1994.

Any claims for care received in 1992 must be received by the appropriate CHAMPUS contractor no later than 31 December 1993.

EDITORS NOTE: Naval Service Medical News 93-40 carried the original article on the CHAMPUS claim-filing change. That article also gave points of contact for the appropriate CHAMPUS contractors, which are still valid.

-USN-

HEADLINE: Navy Nurse of the Year Selected

NMCL New Orleans (NSMN) -- After her last night on Guam was interrupted by a massive earthquake, and her first week in New Orleans included a surgical repair to her son's broken arm, LT Charlene Burns, NC, finally received some good news. She had been selected as the Navy Nurse of the Year for the Armed Forces District of the Association for Women's Health, Obstetrics, and Neonatal Nurses.

Assigned as division officer of the OB/GYN clinic at U.S. Naval Hospital Guam, Burns began a grief counseling program for families who had suffered a loss during pregnancy. This program proved so valuable to those who received her counseling that she began a hospital-wide program, instituting a four-hour workshop for nurses at the hospital. This allowed all areas of the hospital to provide bereavement support to families in need.

Responding to another special need of her patients, she implemented a gestational diabetes training program for both inpatients and outpatients, personally counseling dozens of women. She also had all of her written material translated into Tagalog, a common language among her patients.

While division officer, she created a multi-disciplinary prenatal screening program and reduced waiting time for specialty consultations in the OB/GYN clinic by 75 percent.

Recognition of these achievements led to her nomination as Navy Nurse of the Year for her district. The selection process coincided with her transfer to Naval Medical Clinic New Orleans, where she was notified.

CAPT Cynthia Perry, NC, representing RADM Mariann Stratton, NC, director of the Navy Nurse Corps, presented Burns her award on 31 October during the Armed Forces District's annual meeting in Seattle, WA.

Story by LCDR H. Pearlman, NC

-USN-

HEADLINE: Guantanamo Sailor Performs Field Medicine for Marines

NAVSTA Guantanamo Bay, Cuba (NSMN) -- On a small stretch of land 400 miles off the coast of Miami lies U.S. Naval Station Guantanamo Bay, Cuba. It's the oldest U.S. overseas naval base and the only one located in a communist country.

Separating the naval base from the rest of the country is a 17-mile fence guarded by a mine field and a Marine rifle security company.

Providing medical support to the marines is Hospitalman Jennifer Ring. The Rochester, NH, native, is trained in field operations medicine and assigned to the Field Operations Medical Section at U.S. Naval Hospital Guantanamo Bay.

"My job entails medical support of the Marines in the security company and the mine field maintenance detachment."

Because job assignments continue to diversify for women in the Navy, Ring has the opportunity to be one of the few females assigned to a field medical unit.

In Cuba, Ring, 21, regularly trains with the Marines. They go out on "humps," or hikes, up to 18 miles in one day.

Starting her day at 2 a.m., she puts on 30 pounds of gear, including a Kevlar helmet, flack jacket and medical supplies.

"My job as a corpsman is to ensure the Marines don't suffer from blisters or heat exhaustion during the hump," said Ring.

"My main concern is their feet. If I don't detect a blister early on, it will get bigger, and they won't be able to walk at all. If they do drop out of the hump, they're treated in the field and then taken back to the hospital."

Heat exhaustion can also be a serious issue in Cuba, where year-round temperatures in the desert climate average in the high 90s.

Ring's squad of five corpsmen provide medical support during all Marine training exercises and missions involving ordnance.

The Marines' mission is the care and upkeep of the base mine field. "We're constantly training on practice mine fields," Ring said. "It's very dangerous work."

"The medical training I've been through is so intense that I feel I'm physically prepared to handle anything. Emotionally, though, I won't know until something happens."

The Field Medical Service School in Camp Johnson, NC, prepared Ring for her assignment in Cuba. There, she learned how to practice field emergency medicine using limited supplies. She also learned how to use a variety of weapons, including a pistol, a shotgun and the M-16 rifle.

"At school, we had Navy and Marine instructors," Ring said. "They told us they weren't out to make us Marines, but to make us compatible with them. We had to be physically fit and as knowledgeable in their job as they were."

It's been two years since Ring completed the school and she's glad to be putting the training to use in active field operations.

"I had to work really hard to prove I could handle this job. But the four men in my section and the officer-in-charge pushed me to excel."

LT Richard E. Beverly, Ring's supervisor, continues to support her efforts in providing quality front-line care for Marines.

"Her maturity and ability to function under the unique and stressful conditions reflect great credit upon herself and all Navy corpsmen, both men and women," Beverly said.

In the beginning, working with Marines in a field environment presented a challenge. But, when it comes to respect and privacy, Ring said she hasn't run into any problems.

"I know I took people by surprise when I did so well at my job," Ring said. "All the Marines look at me as the 'doc,' and I'm treated with the same respect as my male counterparts."

Although the road hasn't always been easy, Ring said she doesn't regret the decision she made to work with the Marines.

"The emergency medicine I've learned has given me the

confidence and knowledge to effectively perform my job and handle life-threatening conditions," Ring concluded. "This is important when a company of Marines depends on you daily."

Story by JO2 Sarah J. Zimmerman, Navy Public Affairs Center, Norfolk, VA

-USN-

HEADLINE: Navy EMS Participates in Alcohol Awareness Week

NAVHOSP Charleston, SC (NSMN) -- On 21 October 1993, Navy emergency medical services (EMS) units from Naval Hospital Charleston participated with City of Charleston Police and Fire departments, Charleston County EMS and the Medical University Meducare helicopter in a simulated DUI accident.

LTjg Ron Gimbel, MSC, public affairs officer for Naval Hospital Charleston, which was overall project coordinator, said, "Members of the hospital staff worked with Charleston County EMS in the on-site rescue operations. We also provided administrative support and helped with the public relations campaign." A moulage team, also from Naval Hospital Charleston, assisted the "accident" victims simulate injuries. A film crew from the Naval Weapons Station provided audio visual support for the project.

The simulated accident occurred in downtown Charleston and included five College of Charleston students who were "trapped" and required extrication by the Jaws of Life. Three students were "treated" on the scene and transported by ambulance to the MUSC Trauma Unit. The fourth "victim" needed evacuation by helicopter.

The DUI-related accident was part of "Red Ribbon Week," National Collegiate Alcohol Awareness Week. The accident was the subject of an alcohol awareness video, "The Power of the Story," to be released in the spring of 1994, and will be used to present alcohol awareness in local public schools.

Story by Naval Base Charleston Public Affairs Office

-USN-

HEADLINE: Navy Medical Department People in Special Operations

BUMED Washington (NSMN) -- Wherever the Navy or Marine Corps goes, so does the Navy Medical Department. Thirty percent of our personnel are normally assigned with deployable fleet and fleet marine forces units. Additional medical support is provided for operations such as Provide Promise. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Southern Watch

Total medical/dental personnel: 39 (includes 21 BUMED augmentees)

In Country: Attached with the Administrative Support Unit Bahrain are four physicians, one dentist, three nurses, three medical service corps (MSC) officers, and 26 corpsmen. BUMED also provides one MSC and one yeoman to augment the COMUSNAVCENT staff out of Bahrain.

Operation Provide Promise (Bosnia)

Total medical/dental personnel: 58 (includes one BUMED

augmentee)

USS America (CV 66): The aircraft carrier, which has 45 ward beds, one operating room, eight intensive care beds and four quiet room beds, has a medical/dental staff of 54, including two flight surgeons attached to the carrier's air wing.

LCDR Michael Henderson from Naval Medical Center Portsmouth, VA, in conjunction with one Air Force and three Army medical officers, are acting as Staff Officers for the UNPROFOR HQ Staff located in Zagreb.

#### Operation Haiti Assistance Group

Naval Medical Center Portsmouth, VA, Naval Hospital Bremerton, WA, and Naval Hospital Pensacola, FL, are on alert for providing a Humanitarian Support Team to provide medical care for military personnel in support of host-nation building efforts in Haiti and to provide humanitarian care to local populace. The team consists of two physicians, one nurse, two MSCs and six hospital corpsmen.

#### Operation Sea Signal

Twenty-five medical personnel have been placed on alert for this operation. The mission is to support the U.S. Coast Guard in Alien Migrant Interdiction Operations. The team consists of two physicians and 23 hospital corpsmen. Numerous Claimancy 18 facilities have been tasked to provide these personnel.

#### Operation Joint Task Force Full Accounting

Navy physicians and independent duty corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months. Naval Hospital Orlando, FL, Naval Hospital Jacksonville, FL, Naval Hospital Camp Lejeune, NC and Naval Medical Center San Diego are providing personnel to augment four missions which are currently in country. Personnel to support 10 missions for FY 94 have been identified.

#### Exercise Support

Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team 3: Five people -- one physician, two nurses and two corpsmen from Naval Hospital Camp Pendleton, CA -- are aboard USS Belleau Wood (LHA 3) to supplement Navy Medical support of Exercise Valiant Blitz.

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

#### Miscellaneous OCONUS and Fleet Support

Providing TAD (temporary additional duty) support to nine fleet platforms and five OCONUS facilities are 23 Navy Medical Department personnel: 12 physicians, four nurses, two MSCs and five hospital corpsmen.

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HEADLINE: HEALTHWATCH: Low-Calorie Diets Have High Costs

AMA Philadelphia (NSMN) -- A popular very low calorie diet (VLCD) program helped 90 percent of participants achieve a medically significant weight loss. However, only one-third of these patients could maintain that loss, according to a study

published in the October issue of the American Medical Association's Archives of Family Medicine. The study was released at the AMA's annual Science Reporters Conference.

The researchers studied 255 patients who enrolled in a 26-week VLCD at a weight loss clinic in Orange Park, FL. The clinic used a high-protein liquid diet program. The dieters' progress was followed for 30 months after beginning the diet.

The program advertised that 85 percent of enrollees have lost 40 pounds or more and that 60 percent of the patients have maintained the lower weight they have achieved. The advertised amount was lost by 59.6 percent of the study group and was maintained at 30 months by 14.1 percent.

The total cost of the program for the study group was \$655,720, based on costs in 1988. That figure breaks down to an expenditure of \$54.74 for each pound of weight loss per person and \$179.89 for each pound of weight loss maintained per person. The cost for losing and maintaining one pound of body weight was \$198.36 per person.

The authors say their study is one of the few that has looked at maintained weight loss beyond one year after participation in a VLCD program that has combined exercise and behavioral techniques.

The study found that the average initial weight loss was 47 pounds and the average maintained weight loss was 14.3 pounds. For those who remained in the program 19 weeks (61 percent), the initial weight loss was 56.3 pounds and the maintained weight loss was 20.2 pounds. These figures show that over the next two years, the patients who maintained weight loss at 30 months regained 64 percent of what they lost.

Exercisers maintained more than twice as much weight loss as non-exercisers. Men were able to lose more of their original weight than women (22 percent vs. 19 percent) and were able to maintain more of their weight loss (29.5 percent vs. 8.3 percent).

During the 26-week program, groups of 12 to 18 patients met weekly for one hour of behavioral modification, nutritional education, exercise instruction and emotional support. A physician performed an initial history and physical examination, and saw the patient for 20 weeks of the program. Laboratory testing is done at the beginning of the program and then every two weeks for the duration of the low calorie portion of the program.

After an introductory week, patients were given a high-protein liquid supplement five times a day for 12 weeks, then were gradually re-introduced to food throughout the next six weeks, followed by seven weeks during which the liquid diet is eliminated. The overall rate of completion was 44 percent, which represented 45 percent of the men and 43 percent of the women.

The patients were asked whether the program helped their sense of well-being. A positive effect on well-being was reported by 71 percent, a negative effect by 11.4 percent and a neutral effect by 11.4 percent.

The researchers conclude: "Most patients regain most of their weight loss. Longer attendance and regular exercise helped

to maintain the weight loss. The high costs of a VLCD program may interfere with therapy (patients can't afford to stay on the program for extended periods of time). More research is needed to determine the safest, most effective, and most affordable method of weight loss and maintenance."

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HEADLINE: HIV and You!

AMA Chicago (NSMN) -- On 5 June 1993, the American Medical Association issued a news release and published a study that attempted to identify risk factors in women who are associated with increased transmission of the human immunodeficiency virus (HIV). It appears that HIV-infected women may be at higher risk of infecting their sexual partners if they are pregnant, take oral contraceptives or have cervical ectopy. If a woman has cervical ectopy, she is at higher risk of infecting her baby.

Ectopy is defined by the researchers as a condition in which the very thin, one layer surface in the cervix is in a position that makes it more exposed and vulnerable. Ectopy is a normal condition that appears to increase in response to reproductive hormonal stimulation, particularly during pregnancy and oral contraceptive use. Ectopy causes an increase in cervical mucous volume, which may be associated with a greater shedding of HIV-containing cells.

The authors believe the association between pregnancy, oral contraceptive use, and cervical HIV in cervical secretions may be due to anatomic changes, including increased ectopy, cervical vascularity and quantity of cervical secretions, as well as to the physiological effects of reproductive hormones on immunologic function and HIV replication. The association of HIV shedding with cervical mucus provides supportive evidence that genital inflammation, such as occurs with venereal disease, could increase sexual transmission of HIV.

These researchers state that there is a need for further studies to corroborate these findings. Once these findings are substantiated, interventions can be directed at reducing the prevalence of these factors in HIV-infected women or reducing unprotected sexual activity while these factors are present. If successful, it could result in decreased heterosexual transmission of HIV.

To become a Navy HIV prevention instructor call the Navy HIV Program at (301) 295-0048 or DSN 295-0048.

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#### 4. Ribbon Cuttings for New Facilities:

-- The Navy Dental Clinic Kadena, Japan, was inaugurated on 1 October 1993 at 1000 with a ribbon-cutting ceremony conducted by Commander Fleet Activities Okinawa CAPT Bennett.

-- A ribbon-cutting ceremony for the new Branch Medical Clinic Philadelphia took place 1 November 1993 at 1000. Commander Naval Base RADM Louise Wilmot was guest speaker for the ceremony, which marked the closure of the old Naval Hospital Philadelphia compound. Medical services for area military personnel and their families will be provided in the new Branch

Medical Clinic located adjacent to the Navy Exchange on the Philadelphia Naval Station.

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5. Professional Notes: Information on upcoming symposiums or conferences of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

Meetings Scheduled for November:

-- 10 November 1993, 1700-2000, Navy Nurse Corps Reunion, Omni Shoreham Hotel Hospitality Suite, Washington, DC. For information, contact Rosemary Cox, (703) 739-0579.

-- 10-13 November 1993, Naval Hospital Guam 1968 Reunion, Sheraton Crystal City, Arlington, VA. For information, contact Rosemary Cox, (703) 739-0579. (These two meetings were included in a calendar of events provided by The Vietnam Women's Memorial Project. For additional event information connected with the dedication of the Vietnam Women's Memorial at the Vietnam Veterans Memorial on 11 November, contact The Wabasha Group at 1-800-432-1780.)

-- 13-17 November 1993, Association of Military Surgeons of the United States, 100th Annual Meeting, San Antonio.

-- 18-20 November 1993, American Academy of Medical Administrators, 36th Annual Conference and Convocation, San Antonio.

-- 19-21 November 1993, AMA regional meeting, "The AMA Brings Washington to You," Philadelphia. For information call 1-800-621-8335.

-- 20 November 1993, AMA regional meeting, "Physicians Forum: Agenda for Action," Philadelphia. For information call 1-800-621-8335.

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HEADLINE: Financial and Material Management Course

BUMED Washington (NSMN) -- Openings are still available for the January Financial and Material Management Course (94005, 10 January - 1 April 1994). This is an opportunity for extensive training in both financial management and material logistics leading to assignment of one of these two subspecialty codes.

If you are currently assigned to a billet requiring this training, anticipate assignment to a billet requiring this training, or desire to pursue either subspecialty, you should consider this opportunity.

The Naval Health Sciences Education and Training Command (Code 24) provides temporary additional duty funding for all attendees. If you are interested and your command will endorse your request, contact one of the following: CAPT Crittenden, specialty advisor for financial management, (202) 653-1074, DSN 294-1074; CAPT Defibaugh, specialty advisor for material logistics, (202) 653-1202, DSN 294-1202; or CDR Wynkoop, HSETC-24, (301) 295-0624, DSN 295-0624.

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6. Two-month calendar of events and observances:

NOVEMBER

American Heart Disease Prevention Month

Child Safety and Protection Month

National Diabetes Month

National Epilepsy Awareness Month

Aviation History Month

American Indian Heritage Month

1 November: Reserve O-7 MC, DC Selection Boards Convene

1 November 1848: First U.S. medical school exclusively for women opens in Boston, MA

1-5 November: National Health Information Management Week

1-7 November: National Medical Staff Services

Professionals' Week

7-13 November: Patient Education Week

8-14 November: National Radiologic Technology Week

8-14 November: Operating Room Nurse Week

10 November 1775: U.S. Marine Corps founded

11 November: Veterans Day

14 November: American Education Week begins

14 November: National Geography Awareness Week begins

14 November: Snore Day

18 November: Great American Smokeout/Navy Smokeout Day

21 November: National Adoption Week begins

25 November: Thanksgiving

28 November - 4 December: National Home Care Week

29 November - 3 December: O-8 MC and DC Selection Boards

Meet

30 November - 2 December: Selection board for O-6, O-5 NC

Selective Early Retirement meets

30 November: E-6 Evals due

DECEMBER

National Drunk and Drugged Driving Prevention Month

1 December: World AIDS Day

3 December 1775: Traditional Medical Corps birthday, marking the appointment of Dr. Joseph Harrison as ship's surgeon for the newly commissioned 24-gun armed merchantman Alfred (legislative birthday is 3 March 1871)

4 December: Army-Navy Football Game

7 December 1941: Pearl Harbor attacked

9-16 December: Hanukkah

10 December: Human Rights Day

15 December: MSC (IPP) due to Bureau of Naval Personnel

(Pers 25)

15 December 1791: Bill of Rights Ratified

21 December: First day of Winter

21 December 1975: Congress Passes Metric Conversion Act

25 December: Christmas Day

26 December: Whiner's Day

26 December - 1 January: Kwanzaa

31 December: New Year's Eve

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7. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS

OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY  
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